## NICHOLSON SCHOOL: ENROLLMENT APPLICATION

Child Information:					$\overline{}$
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Child's Name (Last, First, Middle):					
Preferred Name / Nickname:	Date of Birth:		Phone:	Phone:	
Please Circle: Male	Female				
Current Address:				ZIP Code:	
Family Information:					
Parent #1 / Guardian #1:					
Email:					
Cell Phone:	Work Phone:				
Employer:					
Employer Address:					
Parent #2 / Guardian #2:					
Email:					
Cell Phone:		Work Phone:			
Employer:					
Employer Address:					
Make your child's program selection(s) b	elow:				
Preschool - Full Day	Preschoo	Preschool - Half Day		After School*	
Monday – Friday		– Friday		day - Friday	
8:15am – 2:30pm	8:15am – 12:15pm		2:3	30pm - 6pm	
*Indicate the day(s) your child will attend	by writing M (Mon	iday), Tues (Tuesday), etc	c. Available f	or full-day preschool children or	nly.
Enrollment Schedule > Applications are due February 14 > Admissions Contracts are sent the third A non-refundable, non-transferable tuition de > Tuition Balance is due June 1, 2022 and	eposit of 25% is due				
Mail your application to: Admissions, The Nic	cholson School, 170	00 W. Cortland Street, Chic	ago, IL, 6062	2. Include \$75 per child, applicatio	n fee.
Guardian Signature		Date			